



IMPORTANT: Please do not close the account at your former bank until you have verified automatic payment has been made from your new Intercity State Bank account.

Authorization to Change Automatic Payment

I will be closing my checking account at:

Please Print Name of Financial Institution

Effective Date of the Account Closing

Old Account Number

Name(s) on Account

Social Security Number

I hereby authorize automatic payment from my new checking account at Intercity State Bank, 962 Grand Ave., P.O. Box 560, Schofield, WI 54476

Company to receive this form

Company Address to Receive this Form

My/Our Account Number at this Company

075910992

My New Bank ABA Routing Number

My New Account Number

My/Our Signature(s)

Daytime Phone Number

Date



Intercity State Bank
715-359-4231
www.intercitystatebank.com

